

<b>Case Number:</b>	CM15-0141614		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old male, who sustained an industrial injury on 7-29-2011. He reported hyperextension of his right knee. The injured worker was diagnosed as having history of anterior cruciate ligament tear with medial meniscal tear, with disuse atrophy ongoing in the right knee, persisting patellofemoral syndrome in the knee, as well as a history of infrapatellar bursitis and tendinitis. Treatment to date has included diagnostics, anterior cruciate ligament repair with allograft on 12-29-2011, physical therapy, and medications. Currently (7-02-2015), the injured worker complains of ongoing right knee pain and instability. He had been wearing his knee brace and continued to work. He reported the inability to function without prescribed medications. Pain was rated 8 out of 10, 4 out of 10 at best with medications, and 10 out of 10 without medications. Urine toxicology screens were documented as appropriate. Medications included Tylenol #3, Naprosyn, and Omeprazole. The progress report (5-05-2015) noted a refill for Tylenol #3 for pain not relieved by over the counter Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 prescription of Tylenol No. 3 with Codeine #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Tylenol No. 3 with Codeine since at least May 2015 without objective documentation of functional improvement or significant decrease in pain. She continues to complain of significant pain. A prior review recommended this medication for weaning in July 2015. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription of Tylenol No. 3 with Codeine #45 is not medically necessary.